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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 728-175 (YOR920000412)
Application Number 09/702,425		Filed October 31, 2000
For REAL-TIME REMOTE TRANSCRIPTION OR TRANSLATION SERVICE		
Art Unit 2654		Examiner HARPER, V Paul

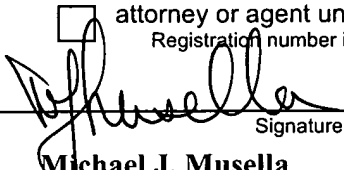
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
 - ☐ A check in the amount of the fee is enclosed.
 - ☐ Payment by credit card. Form PTO-2038 is attached.
 - ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
 - ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0510 (IBM). I have enclosed a duplicate copy of this sheet.
- WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 39,310
☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

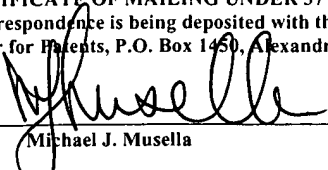
 _____ Michael J. Musella _____ Typed or printed name	<u>December 15, 2004</u> _____ Date <u>(516) 228-8484</u> _____ Telephone Number
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 15, 2004



Michael J. Musella

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